Addressing the Long-Term Effects of the COVID-19 Pandemic on Children and Families

Highlights: Grief and Bereavement


Children and their caregivers confronted imminent danger during the COVID-19 pandemic with widespread exposure to severe illness, life threat, and death among family members.

- There have been more than 6.5 million deaths from COVID-19 globally and more than 1 million deaths in the United States.
- In the United States, more than 15 million children have tested positive, thousands have been hospitalized, and more than 2,100 have died from COVID-19.

The effects of the COVID-19 pandemic on children and families will be felt for years to come but perhaps the most pronounced disparity in impacts is in bereaved children.

- More than 265,000 children have lost a parent or a caregiver to COVID-19.
- Although everyone faced some level of disruption, uncertainty, stress, and loss, these challenges were more acute for children and families in racially and ethnically minoritized and low-income communities. Children from racial and ethnic minority groups account for 65 percent of those who have lost a parent or primary caregiver due to COVID-19.
- While 1 in 753 white children are bereaved, 1 in 168 Native American children, 1 in 310 Black children, and 1 in 412 Latino children experienced the loss of a parent or primary caregiver due to COVID-19.

The report highlights several interventions to address the impact of bereavement on children’s developmental outcomes.

FRAMEWORK OF DANGER, SAFETY, AND PROTECTION

The magnitude and mortality of the COVID-19 pandemic exceeds even that of large-scale natural disasters. A starting place for considering the developmental consequences of this, including social, emotional, and behavioral well-being, is a framework of danger, safety, and protection, which is often used in literature on
disasters. This framework recognizes that individuals experience not only specific mental health conditions such as anxiety or depression but also a wide range of psychological, behavioral, developmental, and societal responses to danger.

PANDEMIC SIGNATURES AND DOSE OF EXPOSURE PROFILES
Two factors play a role in the long-term outcomes of a disaster event: the signature of the event and the dose of exposure. Though these factors may be more easily defined for a destructive natural disaster event, they are also relevant to the lengthy COVID-19 pandemic.

• The **signature of the event** includes objective features regarding the type and magnitude of the event, including a compilation of the dangers; the extent of destruction, morbidity, and mortality; the nature and extent of immediate psychological consequences; the impact on infrastructure, resource loss, and economic disruption; and the impact on the workforce, community leadership, family structure and functioning, and developmental opportunities or achievements.

• The **dose of exposure** describes the amount of exposure children and families had to the effects of the event, including disruption, uncertainty, stress, and loss of connection to, and community with, others.

THE IMPACT OF BEREAVEMENT, PROLONGED GRIEF DISORDER, AND POST-TRAUMATIC STRESS DISORDER
Prior studies of disasters, wars, and other catastrophic violent events describe the enduring distress and impairment for children that results from related traumatic deaths of family and close friends. Recent clinical and population studies have documented the developmental hazards of childhood bereavement, including premature school withdrawal, diminished educational aspirations, reduced academic attainment, and hesitancy to marry during the transition to adulthood.

Interventions may include the following.

**Home Visiting**
Home visiting is a prevention strategy that has universal and targeted models. Home visiting programs are expected to improve children’s long-term developmental
outcomes by providing parents with knowledge and skills, such as coping and problem-solving skills; emotional support; access to community, cultural, and health services; and direct instruction in effective and supportive parenting practices.

**Preschool Education**
Among a large array of interventions designed for the early childhood period, formal center or classroom-based preschool programs—in particular, federally funded national programs such as Head Start and state-funded public programs—have received the most research and policy attention. This focus reflects a generally held theory of action that high-quality, culturally, and linguistically responsive preschool experiences provide children with a developmental boost, helping them to acquire the foundational preacademic, social, and emotional skills that will enable them to succeed in school, as well as a belief that investments in the early childhood period will produce positive net returns for society.

**Social and Emotional Learning**
There are a multitude of social and emotional programs available for schools, early childhood education providers, and out-of-school-time organizations. These programs vary widely in emphasis, teaching strategies, implementation supports, and general approach. For example, some programs target emotional regulation and prosocial behavior, while others focus more on executive function, growth mindset, character traits, or other similar constructs.

An approach that is both trauma-informed and culturally sustaining will include two elements: (1) building social and emotional skills that buffer against the negative effects of trauma while also addressing the realities of poverty, violence, and discrimination that are enduring and that have been exacerbated during the pandemic and (2) tapping into the strengths and opportunities of students’ cultural beliefs, practices, and worldviews, allowing prevention assets not only to build on each other but also to interact and multiply.

**School-Based Mental Health Supports for Children**
The increasing threats to students’ mental health from the pandemic and increased attention to students’ social and emotional skills coincided with those and other obstacles that compromised school counselors’ efforts. Given these challenges, classroom teachers have also become an important part of the mental health and counseling support system. These programs are being used by many schools so that teachers can carry a preliminary role in counseling, freeing up school counselors to focus on the most serious mental health challenges for students.

**Parenting, Family, and Community-Based Preventive Interventions**
Programs that build strength-based factors and assets in parents—including involved and vigilant parenting; adaptive racial socialization; open, clear, and supportive communication in families; and supportive family relationships—can foster resilience in children through increases in youth protective factors (e.g., positive racial identity, future orientation, internalization of parental norms, and values regarding risk-avoidance behaviors).

Coordinated public health interventions may also support children’s mental health after the COVID-19 pandemic. These may include screening to assess pandemic-related trauma and bereavement experiences, secondary adversities, current reactions, and functional impairment involving family, school, or peers, as well as both short- and intensive interventions across age ranges in the field of child traumatic stress and bereavement (i.e., trauma-focused cognitive behavioral therapy, trauma and grief component therapy, trauma systems therapy for children and teens, cognitive–behavioral intervention for trauma in schools, and child–parent psychotherapy).

**LOOKING AHEAD**
Beyond identifying interventions that may address pandemic-related disruptions, the U.S. Department of Health and Human Services should strengthen and expand Medicaid coverage at the federal level so that all children and families have consistent access to high-
quality, continuous, and affordable physical and mental health services. One element of this is to ensure network adequacy, with a focus on the necessary network of providers, specialty providers, and ancillary services needed for behavioral and mental health services, especially for children who have such pandemic-related or pandemic-exacerbated conditions as bereavement, prolonged grief disorder, PTSD, and substance use. To further understand the key mechanisms that link exposure to pandemic–related disruption, stress, worry, grief, and bereavement to developmental outcomes, the federal government departments and agencies should prioritize and fund rigorous research on the effects of the pandemic on children and families and to ensure that COVID–19 exposure and adversity questions are incorporated into existing national studies, such as the Youth Risk Behavior Survey and the Head Start Family and Child Experiences Survey.

By investing in children and families today, the nation can avoid higher overall costs to society at large as a generation of children, despite living through the COVID–19 pandemic, grows to adulthood with mental health and well–being that are optimized to allow them to reach their full life potential. These investments will need to be targeted to children and families from racially and ethnically minoritized and low–income communities who bore the brunt of the pandemic on top of preexisting societal inequities.